(a) whether it is a fact that a number of multi-speciality hospitals in Delhi and adjoining areas which had agreed to treat C.G.H.S. card holders without payment from beneficiaries at the time of treatment and to recover it from Government, have now discontinued that facility;

(b) if so, the names of the concerned hospitals and the reasons for the withdrawal of facility, thereby causing hardship, particularly to pensioners; and

(c) the action proposed by Government to restore the earlier arrangements?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) to (c) A Statement is laid on the Table of the House.

Statement

(a) In cases of non-emergency, the empanelled hospital is required to provide treatment on credit basis only to Members of Parliament, Pensioners, Ex-Members of Parliament, Freedom Fighters and Employees of the Ministry of Health and Family Welfare. Other serving employees are required to claim reimbursement from their respective Ministry/Department. No incident of refusal by hospitals has been reported.

To ensure that hospitals provide the credit facility, the agreement entered into with them at the time of their empanelment has deterrent penal provision.

(b) and (c) In view of reply to (a), question does not arise.

SHRI VARINDER SINGH BAJWA: Sir, in answer to part (a) of the question, the hon. Minister has stated that in cases of non-emergency, the empanelled hospital is required to provide treatment on credit basis only to Members of Parliament, pensioners, ex-Members of Parliament, freedom fighters and employees of the Ministry of Health and Family Welfare. Other serving employees are required to claim reimbursement from their respective Ministry/Department.

श्री सभापति: आप सवाल जल्दी पूछ लें।

श्री वरिन्दर सिंह बाजवा: मेरा सप्लिमेंटरी यह है कि जो सी.जी.एच.एस. कार्ड होल्डर हैं, उनको कैश में पैसे जमा कराने पड़ते हैं और बाद में reimbursement कराना पड़ता है।

MR. CHAIRMAN: Question Hour is over.

WRITTEN ANSWERS TO STARRED QUESTIONS

Under-utilization of funds by Himachal Pradesh

*5. SHRIMATI VIPLOVE THAKUR: Will the Minister of HEALTH AND FAMILY be pleased to refer to answer to Unstarred Question 2114 given in the Rajya Sabha on the 19th December, 2008 and state:

(a) whether it is a fact that Rs. 10.42 crore only has been utilized out of Rs. 71.03 crore allocated by Government for financial year 2008-09 under National Rural Health Mission (NRHM) by the Himachal Pradesh Government;

(b) if so, the reasons therefor;

(c) whether State Government of Himachal Pradesh does not have any planning to utilize the fund for achieving the target of NRHM;

(d) if so, details thereof and Government's reaction thereto; and

(e) whether Government has taken any initiative to encourage such States which are not implementing the scheme seriously and do not come forward with good scheme?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) to (e) The statement of funds allocated to the State of Himachal Pradesh since the launch of National Rural Health Mission is placed below for perusal.

The Allocation, Release and Expenditure under National Rural Health Mission for the F.Ys. 2005-06 to 2008-09 [up to 31.12.2008] in respect of State of Himachal Pradesh

		2008-09			Total 2005-08			
Sl. No.	Programme	Allocation	Release as on date	Exp. up to 31.12.2008	Allocation	Release	Exp.	Unspend balance as on 31.12.2008
1	2	3	4	5	6	7	8	9
1.	RCH-II	11.46	8.4	3.99	37.19	26.23	13.47	12.762
2.	Additionalities under NRHM	10.59	7.71	15.02	33.5	59.51	26.82	32.69
3.	Routine Immunization	0.7	0	0.27	3.13	2.02	1.41	0.61
	Disease Control Programmes							
4.	National Vector Borne Disease Control Programme	0.15	0	0	1.11	0.23	0.23	0
5.	National Leprosy Eradication Programme	0.72	0.45	0.06	2.2	1.89	1.38	0.51
6.	Revised National Tuberculosis Control Programme	1.47	2.95	1.95	4.91	10.85	9.86	0.99
7.	National Iodine Deficiency Disorders Control Programme	0.18	0.13	0	0.43	0.27	0.12	0.15

1	2	3	4	5	6	7	8	9
8.	National Programme for Control of Blindness	4	1.87	0	8	4.51	2.99	1.52
9.	Integrated Disease Surveillance Programme	0.59	0.61	0.25	7.78	1.3	1.93	-0.63
10.	Pulse Polio Operating Cost	1.92	1.93	0	8.47	6.39	3.6	2.79
11.	Infrastructure Maintenance	39.25	29.44	18.35	133.96	122.6	128.78	-6.18
	GRAND TOTAL	71.03	53.49	39.89	240.68	235.8	190.59	45.21

2. As is clear from the above table, the State of Himachal Pradesh was allocated total funds of Rs. 240.68 crore under NRHM out of which an amount of Rs. 235.80 crore has been released to it. The State has reported the utilisation of an total amount of Rs. 190.59 crore leaving an unspent balance of Rs. 45.21 crore as on 31st Dec 2008. During the year 2008-09, the State was allocated an amount of Rs. 71.03 crore out of which 53.49 crore was released. The State has reported utilisation of an amount of Rs. 39.89 crore as on 31st Dec 2008.

3. Under the National Rural Health Mission, the allocation of funds is on basis of the population of the respective State multiplied by the appropriate factor depending on whether the State is a High Focus State or North Eastern State etc. The State of Himachal Pradesh is a high focus State. Its allocation is computed by multiplying its population based entitlement by 1.5. Hence the higher allocation to the State under NRHM.

4. Under the NRHM, release of funds to States is on basis of the Annual Programme Implementation Plan (PIP) which is prepared by the State and appraised and approved by the National Programme Coordination Committee at the level of the Government of India. The State has submitted detailed PIP during all the years under NRHM and the funds have been released after it is appraised and approved. The State has detailed plans for utilisation of the funds allocated to it for achieving the targets of NRHM.

5. Under the NRHM, implementation of the Annual PIP is monitored rigorously through a multi pronged monitoring framework. This includes regular visits by officials of the Government of India to the State for spot reviews, Review Missions, periodic MIS, Financial Management Reports, independent reviews etc. The State of Himachal Pradesh has substantially improved its capacity to utilize the funds which are released to it for rejuvenation of the health system. A large part of funds are blocked in physical construction/ upgradation of public health facilities. The

construction activity is a long term activity and is spread over more than one year. Some of the unspent balance with the State is committed towards such activities. The relatively high unspent balance is therefore a systemic feature of the health sector reform agenda being undertaken under NRHM and does not necessarily reflect poor utilisation by the State.

6. The Government of India supports the States to facilitate appropriate and accelerated utilisation of funds released under NRHM. For this purpose series of workshops have also been organised to assist the States and build capacity for programme planning and implementation.

Conversion of wasteland into cultivatble land

†*6. DR. MURLI MANOHAR JOSHI:
SHRI RAM JETHMALANI:
Will the Minister of AGRICULTURE be pleased to state:

(a) whether it is a fact that 17.45 per cent of land is wasteland in the country;

(b) if not, the facts in this regard;

(c) the area of wasteland which has been converted into agricultural land from 2006 to 2008; and

(d) the total area of wasteland targeted to be converted into cultivable land during the Eleventh Five Year Plan?

THE MINISTER OF AGRICULTURE (SHRI SHARAD PAWAR): (a) to (d) As per Wasteland Atlas of India, 2005, of Ministry of Rural Development, Department of Land Resources, Government of India, the total area of wasteland is 55.27 million ha. which is 17.45 per cent of total geographical area of the country.

Various schemes/programmes of Watershed Development are under implementation to develop the degraded land including wasteland with the objective of preventing soil erosion, land degradation, maintaining balance in different types of land uses, increasing moisture and groundwater recharge, sustaining productivity etc. It is because of these programmes that the Net Sown Area in the country has remained approximately the same *i.e.* 141 million ha. despite increase in area under non-agricultural uses over last two decades.

Government of India has targeted an area of 32.05 million ha. for development of degraded land including wastelands under various watershed development programmes during the XI Five Year Plan.

Closure of sugar mills

*7. SHRI TARIQ ANWAR: Will the Minister of CONSUMER AFFAIRS, FOOD AND PUBLIC DISTRIBUTION be pleased to state:

(a) whether it is a fact that the price of sugar has increased very fast during the last 2-3 years due to closure of sugar mills;

(b) if so, the details thereof; and

†Original notice of the question was received in Hindi.